

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34819

BIRTH NO.		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5045</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CHARITON Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>0450</u> OR TOWN <u>RURAL CHARITON Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 mi N.E. Glasgow</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi N.E. Glasgow</u>			
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>		a. (First)		b. (Middle) <u>WILHELMIA</u>		c. (Last) <u>WESTHUES</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 5 1887</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON COUNTY U.S.A.</u>		12. COUNTRY OF WHAT COUNTRY	
13a. FATHER'S NAME <u>WILLIAM WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA FLASPOCKER</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Westhues</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Westhues</u>		ADDRESS <u>Glasgow Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic, Pulmonary artery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple pulmonary abscesses</u> DUE TO (c) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-6</u> , 19 <u>52</u> , to <u>10-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>52</u> , and that death occurred at <u>7⁰⁰ A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William C. Allen M.D.</u>				23b. ADDRESS <u>Glasgow, Missouri</u>		23c. DATE SIGNED <u>10-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-17-52</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Audsley-Friemuth</u>		ADDRESS <u>Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signature

Ed L. Grimonth

Licensed Embalmer No. *3978*

P. O. Address *Chicago, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.